

I X29484

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

1942 FEB 24

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

586

826

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution.....  
1910a E. Obear Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... None  
(Specify whether  
In this community..... Birth  
years, months or days)

3. (a) PRINT FULL NAME..... Charles W. Mann

3. (b) If veteran, name war..... None

3. (c) Social Security No..... None

4. Sex..... Male  
5. Color or race..... White  
6. (a) Single, widowed, married, divorced..... Widower  
6. (b) Name of husband or wife..... Annabelle Mann nee Ward  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... July 28, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 5 28 hr. min.

9. Birthplace..... St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired Postal clerk

11. Industry or business.....

MOTHER FATHER { 12. Name..... Unknown  
13. Birthplace..... Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Unknown  
15. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Raymond E. Mann  
(b) Address..... 1910a E. Obear Ave

17. (a) Burial (b) Date thereof 1/29/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) JAN 27 1942 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 1910a E. Obear Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 26th  
year..... 1942 hour..... 11:00 AM minute..... M.

21. I hereby certify that I attended the deceased from..... 1/25/42  
to..... 1/26/42, 19....., 19.....  
that I last saw him..... alive on..... 1/26/42, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral hemorrhage

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....  
23. Signature..... J. F. Brudick (M. D. or other).....  
Date signed..... 1/26/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**